Based on this I questioned Officer Rivera and explained the print-out results. Officer Rivera stated he had used the taser twice on Barbosa-Lopez. When questioned about the two (2) other deployments he indicated he may or may not have, he just could not recall. He stated after deployment he put the taser on the ground so he could secure Barbosa-Lopez.

Nothing further.

Respectfully submitted,

Lieutenant David Fournier

Commander Platoon "B"

* This form is to be submitted to the Chief's Office immediately upon completion

Signature of Bureau Commander:

ID#: 735

Case 3:17-CV 30031-MEMP BORNATAMENTS UNEO 68/09/118 Reports of 45 Date: 10/15/13 Time: 10:32 Arrest#: Incident #: 13-5890-07 Reporting Officer: R. Goudres 4 ID#_202 Suspects Name: JCSSica DOB: ___ SSN # **Suspect Actions Category** Officers Response (Check all that apply) X Resistant Active] Holds/Locks [] O.C. X X26 Drive Stun [] Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No for a Money? Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D. [] AMR Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front **Back** Supervisor Reviewing Use Comments: After incident review, use of force was proper to prevent injury to Ms. Rol or officers and restrain her. Supervisors Name (print): Fournier David ID#: 169

Supervisors Name (print): Fournier David ID#: 169

Signature of Reviewing Supervisor: A Chief Office immediately upon completion

Signature of Bureau Commander: Chief's Office immediately upon completion

Case 3:17-clysus P. Mich. Departments Used to Blood 28R Page 14 of 45 Date: 10/11/13 Time: 1910 Arrest#: 13- 2625-AP Incident #: Reporting Officer: BRENDAN Suspects Name: ___ BoBB-1 SMITH DOB: Suspect Actions Category Officers Response /(Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D. [Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? MYes No No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front. **Back** Supervisor Reviewing Use Comments: 1 DRIVE STON Supervisors Name (print): ____ Signature of Reviewing Supervisor: Approved Disapproved (Print): Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MGM Departments Use of 505/09/18R Progets of 45 Date: 10/11/13 Time: 1300 Arrest#: Incident #: 13-5822-0 (-Reporting Officer: B. Boyle Suspects Name: RODRIGUEZ, FRANCISCO DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active] Holds/Locks [] O.C. [] X26 Drive Stun [] Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other* Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Drew TASER INORDER FOR SUBJECT TO DROP MACHETE Was Use of Force Effective? If NO, please explain: Was the subject injured? If YES, please describe the injuries: ☐ Yes X No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMR What hospital, if any, was the subject transported to? HMC BMC Yes No Was Restraint Chair used? Yes NO If YES, why?
Was X 26 used? Yes No Drive Stun Taser - Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front Back Supervisor Reviewing Use Comments: Supervisors Name (print): MAY Signature of Reviewing Supervisor: Approved Disapproved (Print): Mant Dant Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MGM Document 55-3 Filed 08/09/18 Page 6 of 45 Date: 10/6/13 Time: 0724 Arrest#: 13-2586 Incident #: Reporting Officer: ___ Suspects Name: DiaZ Brenda DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Drive 54 44 Yes No Was the subject injured? If YES, please describe the injuries: Yes X No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMI What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Back Supervisor Reviewing Use Comments: Supervisors Name (print): Signature of Reviewing Supervisor: (Middle) Approved Disapproved (Print): Traff Signature of Bureau Commander: * This form is to be submitted to the Chief Office immediately upon completion

Case 3:17-cv-30031-MGM Downtent 5913 Use 06 50 09 128 Report of 45 Date: 10 06/13 Time: 072/ Arrest#: 3-2580-AR Incident #: Reporting Officer; Wilber Borreso ID# 313 Suspects Name: ____ Bronda Diaz __ DOB: 4 **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Firearm Baton Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: OC spray his shoulder has suspect Yes No Continued to resist Was the subject injured? If YES, please describe the injuries: Imal Acer tion to top of he Yes No left hand Was the subject given medical treatment? If YES, who administered the treatment? UH.P.D. H.F.D AME Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: 3 # of Bursts: ☐ Was subject allowed to decon? ☐ Yes ☐ No Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved (Print): TRaff Signature of Bureau Commander: __(* This form is to be submitted to the Chief's Office immediately upon completion

Case 3: 44-21-36-32-Micha Department-3U5-4-001-08-009-08-09-08-8 of 45 Date: 9/15/13 Time: 1/37 MArrest#: Reporting Officer: WALBER BORREGO ____ Incident #: <u>13-5255</u>0 F ID# 3/3 Suspects Name: JAvier Boria 🧚 _ SSN # **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: X Yes No Was the subject injured? If YES, please describe the injuries: Yes X No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMR What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? X Yes No No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front . Back Supervisor Reviewing Use Comments: Supervisors Name (print): NOAFEH Paul ID#: Signature of Reviewing Supervisor: Approved Disapproved (Print): PRATT Signature of Bureau Commander: Cont Ru * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-Cly30ks1RMcine Domantonests Uslead Floride Reagon 9 of 45 Date: 01/01/13 Time: 030 Arrest#:13-234-AR Incident #: Reporting Officer: Suspects Name: Ramon **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm)] Strikes ☐ Baton ☑ X26 Taser ☐ Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: XYes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D. [] AMF What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Back Supervisor Reviewing Use Comments: affice al postellar of wall Us of Tosak Supervisors Name (print):____ ID#: 2/6 Signature of Reviewing Supervisor: Approved Disapproved (Print): I PO 17 Signature of Bureau Commander: Copin * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:1 Holy 6021 INGMe Document 57.3 Uled 18/09/18 Report of 45 Date: 8/29/13 Time: 1922 Arrest#: 13-2207-AR Incident #:_ Reporting Officer: __ ID# 321 Suspects Name: WENDY LACHAPELLE DOB: **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain. X Yes No Was the subject injured? If YES, please describe the injuries: ☐ Yes 🗷 No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D. [] AMR Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print): Chinebuin BriAN Signature of Reviewing Supervisor: Approved Disapproved

(Print): Paff Ogral C ID#: 275

Signature of Bureau Commander: (First) (Middle)

* This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-80031-Moline Department- Visedof8702/28 Report1 of 45 Date: \$ 193/13 , Time: 500 pr Arrest#: 13-21544 Incident #:_ Reporting Officer: Victor Heredia Suspects Name: Wilfredo Velazquer SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: _ Yes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D. [] AMR Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MGM Document 55-3 Filed 08/09/18 Page 12 of 45 ____ Arrest#: 13-1947 Incident #: Reporting Officer: Suspects Name: _ W DOB: SSN#_ **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active] Holds/Locks [] O.C. [X] X26 Drive Stup [] Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton] Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: X Yes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print):_ Signature of Reviewing Supervisor: Approved Disapproved (Print): Signature of Bureau Commander: * This form is to be submitted to the Chief Office immediately upon completion

Case 3:1 Holyodsa Rodice Departmesta- Electric 18109/18 Region 13 of 45 Date: 17/28/13 Time: 02:45 Hrs Arrest#: 13-1869-AR Incident #:_ Reporting Officer: STEPHEN NORTON ID# 322 Suspects Name: GARITIN PEREZ **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Yes X No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMF Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? X Yes ☐ No X Drive Stun ☐ Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Supervisor Reviewing Use Comments: use of force. Arrestic was Combative was present dumpy and use of force uns Supervisors Name (print): USHER DIVACI ID#: #718 Signature of Reviewing Supervisor Approved Disapproved Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MGM Document 33-5- Vieu of 8 Toylog Respect 4 of 45 Date: 7/28/13 Time: 0245 Arrest#: 13-1869-Affincident#: Reporting Officer: Thomas J. Leady Suspects Name: GARTLIN PEREZ DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply)] Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm)] Strikes [] Baton [X] X26 Taser [] Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Yes X No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMF Yes X No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton [] Impact Munition [] O.C. Duration: ____# of Bursts: ____ Was subject allowed to decon? [] Yes [] N Front . Back Supervisor Reviewing Use Comments: I was present down

and the use on force was just her Supervisors Name (print): \(\sigma\sigma\) Signature of Reviewing Supervisor: Approved Disapproved Signature of Bureau Commander: *This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30151-Reline Demachnesed- Hadron Repeats of 45 Date: 1/35//3 Time: 0730, Arrest#: /827 Incident #: Reporting Officer: , Manue A Suspects Name: MI Chae **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Was the subject injured? If YES, please describe the injuries: Yes X No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMI What hospital, if any, was the subject transported to? HMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front Supervisor Reviewing Use Comments: Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved (Print): Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:14 oly30ke1Pwlive Depunent 55.3 Usled 98/89/48REAGE 16 of 45-44 (Date: 07/08/13 Time: 2700 Arrest#: 13-1660-A2 Incident #: Reporting Officer: Fork \$521 ID# 321 Suspects Name: JASON SHATTUCK SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active] Holds/Locks [O.C. [X26 Drive Stun] Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Finally complete Was the subject injured? If YES, please describe the injuries: SULARED FLROW Yes Mo SCRAPED ICHEE Was the subject given medical treatment? If YES, who administered the treatment? MH.P.D. H.F.D. AMR Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? ✓ Yes ☐ No ☑ Drive Stun ☐ Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print): MCKAC Signature of Reviewing Supervisor: Approved Disapproved Signature of Bureau Commander: Can * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:1Holy3003PMGNe Decument 55t3 Usiled OF 109/18R Page 17 of 45 (# 2 Date: 07/08/ 17 Time: 2200 Arrest#: 13-1660-AL Incident #: Reporting Officer: ____ Boy (E ID# 321 Suspects Name: 3 Ason __ SSN # Suspect Actions Category Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries. Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D. [] AMR Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front Back Supervisor Reviewing Use Comments: Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved * This form is to be submitted to the Chief's Office immediately upon completion

Suspects Name: DOB: DOB: SSN # SSN # Suspect Actions Category Officers Response (Check all that apply)	Case 3:17-cv-30031-MGM Doction Date: 15/13 Time: 1040	Arrest#: 13-1433 Incident #:
Suspect Actions Category Gesistant Active	Reporting Officer; VNVIII (\VIII)	1911
Resistant Active Holds/Locks O.C. X26 Drive Stun Other	Suspects Name: VONOTA STATE OF THE STATE OF	DOB: SSN #
Resistant Active Holds/Locks O.C. X26 Drive Stun Other	Jest Cringoes	2
Holds/Locks Q.C. X26 Drive Stun Other Assaultive (Bodily Harm)		Officers Response (Check all that apply)
Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No		Holds/Locks O.C. X26 Drive Stun Other *
*Describe Weapon of Opportunity Here: Nas Use of Force Effective? If NO, please explain:	Assaultive (Bodily Harm)	Strikes Baton XX26 Taser Other *
Was Use of Force Effective? If NO, please explain: Yes	Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other*
Was the subject injured? If YES, please describe the injuries: MINOY WOLD DIMON Yes No NOWCOL (WILL) Yes No NOWCOL (WILL) Yas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.P.D. Yes No What hospital, if any, was the subject transported to? H.M.C. BMC BMC BMC BMC Was Restraint Chair used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes Supervisors Name (print): Lay 15 Manual T. Signature of Reviewing Supervisor: Manual T. Approved Disapproved Chind Disapproved Chind Change Chind Change Signature of Bureau Commander Signature of Bureau Commander Signature of Bureau Commander Signature of Bureau Commander Signature of Bureau Commander Signature of Bureau Commander Sig	* Describe Weapon of Opportunity Here:	
Was the subject injured? If YES, please describe the injuries: MINOY WOLD DIMON Yes No Now (What hospital, if any, was the subject transported to? H.P.D. H.P.D. Yas Pais No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes No Drive Stun Taser Vas X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes Baton Was subject allowed to decon? Yes Supervisors Name (print): Laya 5 Signature of Reviewing Supervisor: La Manual Table 379 Approved Disapproved: (Print): And And Supervisor Signature of Bureau Commander Si		
Was the subject injured? If YES, please describe the injuries: MINOY WOLDO DIVACIONAL Personal No. What hospital, if any, was the subject transported to? H.P.D. H.P.D. H.P.D. Was Restraint Chair used? Yes No. What hospital, if any, was the subject transported to? HMC BMC BMC Was Restraint Chair used? Yes No. Drive Stun Taser Was X 26 used? Yes No. Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes Supervisors Reviewing Use Comments: Supervisors Name (print): Level 5 Gaso Amandal Print Angelogy Signature of Reviewing Supervisors: La Manuell Total Print Angelogy Signature of Bureau Commander Signature of B	Was Use of Force Effective? If NO, please explain:	
Yes No What hospital, if any, was the subject transported to? H.P.D. H.F.D. H.F.D. Was Restraint Chair used? Yes No No If YES, why? No Drive Stun Taser Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes Supervisor Reviewing Use Comments: Supervisors Name (print): L. J. S. J.	1/I Yes I No	
Supervisors Name (print): Supervisors	Yas the subject injured? If YES, please describe the	e injuries: MUNON SURPLO DIMONO
Vas Restraint Chair used? Yes No YEB, why? Yes No Drive Stun Taser	ras the subject given medical treatment? If YES, w	ho administered the treatment? WHPD TILLED NO.
Vas X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes Supervisor Reviewing Use Comments: Supervisors Name (print): Level 5 Manual Tople 259 Signature of Reviewing Supervisor: Manual Tople 259 Approved Disapproved: David Disapproved Disapproved: Disapproved Dis	La Taranta de la	Was the stillion transaction and the stillion of the stillion
Baton Impact Munition G.C. Duration # of Bursts: Was subject allowed to decon? Yes	Toolante Chan ascu:	TAZ わてアノ しゅうこうへい コール・ディー コー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
Front Back spervisor Reviewing Use Comments: Supervisors Name (print): Rouge Manuel To Middle) Signature of Reviewing Supervisor: La Manuel To Middle) Approved Disapproved (Print): Rough David Disapproved (Print): Rough David Disapproved Signature of Bureau Commander (piece) A Middle) Signature of Bureau Commander (piece) A Middle)	Baton Impact Munition O.C. Duration	SZ 하는 경기도 보고 하는 그들의 그렇게 되는 것으로 가는 것을 가장하는 것은 사람들이 되었다. 그는 것으로 모르게 되는 것은 사람들이 되었다.
Supervisors Name (print): Feys Manuel T ID#: 259 Signature of Reviewing Supervisor: L+ Manuel T ID#: 259 Approved Disapproved (Print): Down Disapproved Signature of Bureau Commander: First) Middle Disapproved		
Supervisors Name (print): Feys Manuel T ID#: 259 Signature of Reviewing Supervisor: L+ Manuel T ID#: 259 Approved Disapproved (Print): Down Disapproved Signature of Bureau Commander: First) Middle Disapproved		
Supervisors Name (print): Feys Manuel T ID#: 259 Signature of Reviewing Supervisor: L+ Manuel T ID#: 259 Approved Disapproved (Print): Down Disapproved Signature of Bureau Commander: First) Middle Disapproved		
Supervisors Name (print): Feys Manuel T ID#: 259 Signature of Reviewing Supervisor: L+ Manuel T ID#: 259 Approved Disapproved (Print): Down Disapproved Signature of Bureau Commander: First) Middle Disapproved	Q A	
Supervisors Name (print): Feys Manuel T ID#: 259 Signature of Reviewing Supervisor: L+ Manuel T ID#: 259 Approved Disapproved (Print): Down Disapproved Signature of Bureau Commander: First) Middle Disapproved	K X	$(\Delta J) \chi_{\Delta}$
Supervisors Name (print): Leves Manuel T ID#: 259 Signature of Reviewing Supervisor: Leves (First) (First) (Middle) Approved Disapproved (Print): Davd Disapproved (Print): Davd Disapproved Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle)		M
Supervisors Name (print): Leves Manuel T ID#: 259 Signature of Reviewing Supervisor: Leves (First) (First) (Middle) Approved Disapproved (Print): Bath Davd C ID#: 237 Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (Middle)		
Supervisors Name (print): Leves Manuel T ID#: 259 Signature of Reviewing Supervisor: Leves (First) (First) (Middle) Approved Disapproved (Print): Davd Disapproved (Print): Davd Disapproved Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle)		
Supervisors Name (print): Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved (Print): (Print):	\Box	
Supervisors Name (print): Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved (Print): (Print):		
Supervisors Name (print): Leves Manuel T ID#: 259 Signature of Reviewing Supervisor: Leves (First) (First) (Middle) Approved Disapproved (Print): Bath Davd C ID#: 237 Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (Middle)		H
Supervisors Name (print): Leves Manuel T ID#: 259 Signature of Reviewing Supervisor: Leves (First) (First) (Middle) Approved Disapproved (Print): Davd Disapproved (Print): Davd Disapproved Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle) Signature of Bureau Commander: (First) (First) (Middle)	Front	
Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved (Print): (Back
Signature of Reviewing Supervisor: Lt Market Compander: (Print): Part Dave Compander: (Signature of Bureau Compander) (Signatu	- 8 Oso Commicatos.	
Signature of Reviewing Supervisor: Lt Market Compander: (Print): Part Dave Compander: (Signature of Bureau Compander) (Signatu		
Signature of Reviewing Supervisor: Lt Markett Rub 389 Approved Disapproved (Print): Part Davd Disapproved Signature of Bureau Commander: (Sist) Middle) 236	Supervisors Name (print)	
Approved Disapproved (Print): Dovd Disapproved (Print): Signature of Bureau Commander: (Sist) Disapproved Disapp	and the second s	
Signature of Bureau Commander: (Sist) (Middle) 226	Approved Disapproved	Manuelf Kupe 289.
Signature of Bureau Commander: (First) (Middle)	(Print): Parth Da	vil a 10#: 237
* This form is to be submitted to the Child? Office immediately	Signature of Bureau Commander:	of Alloward 235
The Chief of Office Hillieumsell Inon completion	* This form is to be submitted to the C	hiel's Office immediately unon completion

Case 3.17-8/33631-Min Demant	ments Use obstorces Report 9 of 45
Date: 6/5/3 Time: 1040	Arrest#:13-1433 Incident#:
Reporting Officer: \ M\tag{\mathbb{N}}	Arrest#: 1919 Incident #:
Suspects Name: White Sha	DOB: 7 SSN#
Tool Enriquez	
Suspect Actions Category	Officers Response (Check all that apply)
Resistant Active	
	Holds/Locks O.C. X26 Drive Stun Other *
Assaultive (Bodily Harm)	Strikes Baton XX26 Taser Other *
Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other *
* December 147	
* Describe Weapon of Opportunity Here:	
Was Use of Force Effective? If NO, please explain:	
1/1 res 1 No	
Was the subject injured? If YES, please describe the ir	,我们就是我们的,我们就是一个人,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是这个人的,我们就会不会的,我们就是一个人的人,
Was the subject given medical treatment? If YES, who	administered the treatment? H.P.D. H.F.D MAMR
List in all vivial and was	SIDE CHOICE Transported to 2 H SITE (OF I SHOW I
Was Restraint Chair used? ☐ Yes ☐ NO If YES, wh Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐	
Baton Impact Munition O.C. Duration:	上来的时间上面的一点,就是一个好好的时间,一个就能的说话的。 "这个时间,我就是一个数数的数据的最后,我就就在这个事情,也不是一个一个女子,这个
	# of Bursts: Was subject allowed to decon? Yes No
μ	$\langle (i,j) \rangle \langle (i$
	A K
HH	
17(1)	
HH	
	26
Front	Back
Supervisor Reviewing Use Comments:	
Supervisors Name (print): Keyes	Manuel T ID#: 289
Signature of Reviewing Supervisor:	(First) 11 (Middle)
Approved Disapproved	Manuay Jus 289
(Print): Part Dav	\mathcal{L} ID#: \mathcal{L}
Signature of Bureau Commander: * This form is to be submitted to the Chin	La Gel Coll # 135
* This form is to be submitted to the Chie	f's Office immediately upon completion

Case 3:17-cv-30031-MGM Dorantments Une of 5000008 Reports 0 of 45 Date: 06/13/13 Time: 1835 Arrest#: 13-1419-AR Incident #: Reporting Officer: Boile 721 Suspects Name: CARLOS GALARZA SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Baton X X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: WAS EFFECTIVE FOR S SECUROS HAD Yes No TO GIVE ANOTHER - S SELONDS FOR SUSPECT TO COMPL Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? X H.P.D. H.F.D. AMR What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? X Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front. Back Supervisor Reviewing Use Comments:

Case 3:17-cv-30031-Mclife Demarkangery- Heart Response of 45 Date: 5/29/13 Time: 08:15 Arrest#: 1281. Incident #: Reporting Officer: Reporting Off ID# 202 Suspects Name: John Poul Cordero DOB: SSN# Suspect Actions Category Officers Response (Check all that apply) Resistant Active] Holds/Locks [] O.C. X X26 Drive Stun [] Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMI What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Tes N Front. Back Supervisor Reviewing Use Comments: HETEL REVIEW OF REPORT OFFICER COURSESS WAS JUSTIFIED IN PREMISING TASKE FOR USE. Sespect was resisting accept, was Advised It the Continues He was be tosined. Suspect complied and Jasen/Stew was not begroped. Supervisors Name (print): HOURN UM Signature of Reviewing Supervisor: // Approved Disapproved (Print): PROFF Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MGM Documents Head of 15 People 20 of 45 Date: 5/23/13 Time: 13:17 Arrest#: 1231- AR Incident #: Reporting Officer: Goudres u ID#_202 Suspects Name: Jewelia Rex DOB: _ SSN # **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: _ X Yes No Was the subject injured? If YES, please describe the injuries: Small out left arm from toser _ Yes ⋉ No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. PAMI What hospital, if any, was the subject transported to? HMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun X Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front Back Supervisor Reviewing Use Comments: was associative committee bodily Supervisors Name (print): 6 42614 Signature of Reviewing Supervisor: Approved Disapproved (Print): | RAY Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3.17-cv-30031-MGM Document 55-5 4-18-06-109/18 Reports of 45 Date: 5/5/13 Time: 17:46 Arrest#: AR Incident #: Reporting Officer: Goudnes ID# 202 Suspects Name: Angelica Ramirez DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. XXX26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: __ Yes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMR What hospital, if any, was the subject transported to? HMC BMC Yes X No Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? ★ Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front Back Supervisor Reviewing Use Comments: After review of report use of force was justified and proper in effecting arrest Supervisors Name (print): Fournier David Signature Reviewing Supervisor: XX Approved Disapproved (First) nature of Bureau Commander: This form is to be submitted to the Chief's Office immediately an completion

Case 3:17-cv-30631-Mine Departments & Frecots From the Region 24 of 45 13-1086 Date: 5/5/13 Time: 17:46 Arrest#: Incident #: Reporting Officer: Gondresu Suspects Name: Hector Rivers 202 DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other* Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] AMI Yes X No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Back Supervisor Reviewing Use Comments: After review of report use of force was justified and proper in effecting Supervisors Name (print): Fournier David ID#:<u>169</u> Signature of Reviewing Supervisor: XX Approved Disapproved (Print): Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-80631-Mine Documents & View of 8 Tour te Region 25 of 45 Date: 4/20/13 Time: 2157 Arrest#: 13-960-AR Incident #:_ Reporting Officer: Daniel Escobar ID# 315
Suspects Name: Kyle D210K DOB: SSN r SSN# **Suspect Actions Category** Officers Response (Check all that apply) X Resistant Active] Holds/Locks [O.C. X X26 Drive Stun [Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Officers Attended to corred Mr. Drick by the pulled his arm away when he tryed to corred him. We continued to struggly with extress Was Use of Force Effective? If NO, please explain: Yes \ No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMI Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? ☐ Yes ☐ NO If YES, why?
Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐ Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front **Back** Supervisor Reviewing Use Comments: Suspect was actual residing poropriate Supervisors Name (print): ID#: AX1 Signature of Reviewing Supervisor: Approved Disapproved (Print): PRY ID#: 275 Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Date: 4/2013 Time: 1809	Arrest#: Incident #: 2145
Reporting Officer: KING + I	
Suspects Name: Jaconto Navav	DOB: SSN #
Suspect Actions Category	Officers Response (Check all that apply)
Resistant Active	Holds/Locks O.C. X26 Drive Stun Other *
Assaultive (Bodily Harm)	Strikes Baton X26 Taser Other *
Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other *
* Describe Weapon of Opportunity Here:	
Was Use of Force Effective? If NO please	April
	After nutrove him born core
Yes No	injuries:
Vas the subject given medical treatment? If YES, wh	no administered the treatment? H.P.D. H.F.D NA
Yas Restraint Chairman 12 What hospital, if any, w	as the subject transported to? WHED MAC BMC
Vas Restraint Chair used? Yes NO If YES, w Vas X 26 used? Yes No Drive Stun	hy?
Baton Impact Munition O.C. Duration:	한 그렇는데 그리고 하다가 되었다. 그렇게 되는 그는 그리고 얼마라고 하는 아니라 가장 그리고 하고 있다. 그는 이 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
	# of Bursts: Was subject allowed to decon? Yes
Front	77
pervisor Reviewing Use Comments:	Back
Supervisors Name (print): HAN	de Mill
Signature of Reviewing Supervisor: Sapproved Disapproved	TO#: 25 J
(Print): De Part	U Synl & 12 1D#: ### 237
Signature of Bureau Commander: * This form is to be submitted to the Chi	Cart (Old Old 1000)

	13-912-AD
Date: 04/14/13 Time: 2154 Reporting Officer: Tabb, Rygn Suspects Name: Calderon, Johnny	Arrest#: 13-9//-AR Incident #:
Suspects Name: Colde ron, Tch nou	DOB:SSN #
	55N #
Cromack & dia Co	
Suspect Actions Category	Officers Response (Check all that apply)
Resistant Active	Holds/Locks O.C. X26 Drive Stun Other *
Assaultive (Bodily Harm)	Strikes Baton X26 Taser Other *
Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other *
*D 27 717	
* Describe Weapon of Opportunity Here:	
Was Use of Force Effective? If NO, please explain:	
Was the subject injured? If YES, please describe the in	Districe:
1 les / No	
Was the subject given medical treatment? If YES, who	administered the treatment? H.P.D. H.F.D AM
Was X 26 used? Yes No Drive Stun	Taser
Compare Mulition [2] O.C. Duration:	」 laser # of Bursts:/ Was subject allowed to decon? ☑ Yes ☐ №
Front Supervisor Reviewing Use Comments:	Back
_ Keport Tashfies us	18
Supervisors Name (print); MKay	
a second	Philip 10#: 240
Signature of Reviewing Supervisor:	1. Chist) MC(Viridle)
Approved Disapproved 7	
(Print): Photo Dan	
(Last) (Cinn)	1D#: 237
Signature of Bureau Commander: Capa	610H A739
* This form is to be submitted to the Chie	f's Office immediately upon completion

Case 3:17-cv-30031-MGM Boundary Head of Stories Response of 45 \ 120 # 2 Date: 01/14/13 Time: 2145 Arrest#: 13-912-10 Incident #:_ Suspects Name: Johney Moeron- Simoz DOB: 9 **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Firearm Other * Baton * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMB Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Wes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No Front **Back** Supervisor Reviewing Use Comments Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved (Fust) Signature of Bureau Commander: (Middle) * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:1 Holyods 1 Rodine Deepartments B. Wied 18708/28 Reaser 29 of 45 The #1 Date: 04/14/13 Time: 2145 Arrest#18912-A2 Incident #: Reporting Officer: Forle #32 1D#_32(CARSCHON- SUME DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other Assaultive (Bodily Harm)] Strikes [] Baton [] X26 Taser [] Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other* * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: X Yes No Was the subject injured? If YES, please describe the injuries: Yes | No Was the subject given medical treatment? If YES, who administered the treatment? WH.P.D. H.F.D. AMI Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Wes No Drive Stun Taser Baton Impact Munition O.C. Duration: 44 # of Bursts: Was subject allowed to decon? Yes IN OFFICE TASS Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print): MCKay Signature of Reviewing Supervisor: Approved Disapproved ID#: 235 Signature of Bureau Commander: Copy * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-CV-20051-Police Demarkers - Viscous Borre Respect of 45 Date: 4/8/13 Time:07:34 Arrest#: Incident #: T Reporting Officer: Goudres ID# 202 Suspects Name: Leonardo Alvarez DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. XX26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AM What hospital, if any, was the subject transported to? Yes X No MHMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton [Impact Munition [O.C. Duration: # of Bursts: Was subject allowed to decon? [Yes [] N Front Back Supervisor Reviewing Use Comments: Reviewed report and Officer Goudreau was correct in use of TASER in this incident Stopped MR. ALVARADO'S assault on others/officer(s) and brought him under so that he might be brought to HMC for evaluation. Supervisors Name (print): Higgins Michael . Signature of Reviewing Supervisor: Approved Disapproved (Print): Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Date: 3 / 17/13 Time:	Arrest#: Incident #: 500 OF DOB: SSN #
Suspect Actions Category	Officers Response (Check all that apply)
Resistant Active	☐ Holds/Locks ☐ O.C. ☒ X26 Drive Stun ☐ Other *
Assaultive (Bodily Harm)	Strikes Baton X26 Taser Other *
Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other*
* Describe Weapon of Opportunity Here:	
Was Use of Force Effective? If NO, please explain	r -
Was the subject injured? If YES, please describe the Yes No Was the subject given medical treatment? If YES,	是一个一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大
Front	Taser Dit:# of Bursts: Was subject allowed to decon? ☐ Yes ☐ Back
Supervisor Reviewing Use Comments: Use of Force Ap	pears to be within dept falicy.
Supervisors Name (print): 1 A 1 by 17	JAMES M ID#: 2UE
Signature of Reviewing Supervisor: Approved Disapproved	- JAMES M ID#: 246 -7 / M CHATZHE
(Print): RgV7 04	nnl 2 10#: 239
Signature of Bureau Commander: * This form is to be submitted to the	(Middle) (Middle) (Child Office immediately

Case 3:17-cv-30031-MGM Documer	1135-13- 1-18-8 06/69/198 Report of 45/
D. 7 (20.17)	
Reporting Officer: Thomas T	Arrest#: 13-382-AR Incident #: N/A Leahy ID# 336
Suspects Name: FLORES, Jesus	DOB:
	JOHN II
Suspect Actions Category	
	Officers Response (Check all that apply)
Resistant Active	Holds/Locks O.C. X26 Drive Stun Other *
Accounting (ID 17) IV	
Assaultive (Bodily Harm)	Strikes Baton X26 Taser Other *
Accoulting (Coming P. 17)	
Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other *
* Describe Wagner of O	
* Describe Weapon of Opportunity Here:	
Was Use of Force Effective? If NO, please explain:	
IVI TES TETNO	
Was the subject injured? If YES, please describe the ir	njuries: <u>Sove Shasiller, abvesions</u> to
Was the subject of the face	
M Yes No What have 1 if YES, who	administered the treatment? H.P.D. H.F.D MAM
Was Restraint Chair used? Yes M NO If VES	s the subject transported to?
Was A 20 used! My Yes No by Drive Chin	
Baton Impact Munition O.C. Duration:	# of Bursts: Was subject allowed to decon? [] Yes []]
	Yes []
\square	
\mathcal{M}	HINDER AND THE SECOND OF THE S
\mathcal{M}	
1-1-1	
Front	90
	Back
Supervisor Reviewing Use Comments:	Pocidal allocat N
attached officer. USE of	Resisted arrest, physically Corce Justified.
The state of the s	force Justified.
Supervisors Name (print):	1D#: 207
T360 X 1/1	ID#: 20
Signature of Reviewing Supervisor:	Mounty 1207
그 그 그 그 그는 그는 그는 그 장마바늘에 살아 하고 있다고 살아 그 그를 가장하셨다. 그 글로 그 없다.	
(Print): Part DAM	(R 1D#: 275
Signature of Bureau Commander:	
* This form is to be submitted to the Chro	NATION HOS

Case 3:17-cv-30031-MGM Documents 4- Hea of 15913 Reports of 45 Date: 2/3/13 Time: 02:08 HR Arrest#: 13-700- Al Incident #: Reporting Officer: SARAGE S, NORTON ID# 328 ID# 322 Suspects Name: ROORIGUEZ JUAN A. DOB: **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. XX26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: TAKER ONLY DOINE STYNNED ONCE THEN SHUT OFF Yes X NO AND WAS NOT ABLE TO TURN BACK ON. GIVEN TO SET STUART TO Was the subject injured? If YES, please describe the injuries: Yes X No Was the subject given medical treatment? If YES, who administered the treatment? X H.P.D. H.F.D AMI Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? X Yes ☐ No X Drive Stun ☐ Taser Baton [] Impact Munition [] O.C. Duration: # of Bursts: Was subject allowed to decon? [] Yes [] N Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print): _ m#· Signature of Reviewing Supervisor: Approved Disapproved (Print): Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

	Ansart Used of 8 Porce Regers 4 of 45
Date: 2/3/13 Time: 02:08Has	Arrest#: 13-260-AR Incident #:
Reporting Officer: S, NONTON Suspects Name: RODDIGNEZ, JUAN A	ID#_322
TOBIOIDUE E, JUANO A	DOB: SSN#
Suspect Actions Category	Officers Response (Check all that apply)
Resistant Active	Holds/Locks O.C. X26 Drive Stun Other *
Assaultive (Bodily Harm)	Strikes Baton X26 Taser Other *
Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other*
* Describe Weapon of Opportunity Here:	
Was Use of Force Effective? If NO, please explain:	
Was the subject injured? If YES, please describe the i	
Yes IX No	
Was the subject given medical treatment? If YES, who	o administered the treatment? H.P.D. H.F.D AMI
Was Restraint Chair used? Yes NO If YES, w	
Was X 26 used? Yes No Drivo Chan	
☐ Baton ☐ Impact Munition ☐ O.C. Duration:	1 1 aser # of Bursts: <u>/ SEC</u> Was subject allowed to decon? X Yes □ N
(HH)	AA
\mathcal{A}	\mathcal{H}
\(\)	
77	
J.K.	
Front	
Supervisor Reviewing Use Comments:	Back
A CONTRACT OF THE CONTRACT OF	
Supervisors Name (print):	ID#:
Signature of Reviewing Supervisor:	(First) (Middle)
Take the second of the second	
Signature of Reviewing Supervisor: Approved Disapproved	(First) (Middle)
Signature of Reviewing Supervisor: Approved Disapproved (Print): (Last) (Last) (First)	(First) (Middle)
Signature of Reviewing Supervisor: Approved Disapproved (Print):	(First) (Middle) auser Ce ID#: 207

Case 3:17-cv-30031-Mcine Demarks 15- Hed 08/09/128 Reports of 45 Date: 2/1/13 Time: 07: 58 Arrest#: 13-237 Incident #: Reporting Officer: Gardreau, Roger ID# 202 Suspects Name: Wayne Mecteau **Suspect Actions Category** Officers Response (Check all that apply) X Resistant Active Holds/Locks O.C. XX26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: _ Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMI Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? X Yes ☐ No X Drive Stun ☐ Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Back Supervisor Reviewing Use Comments: After review of reports use of force was appropriate under circumstances Supervisors Name (print): _ David D. Fournier ID#: Signature of Reviewing Supervisor: X Approved Disapproved (Print): 7 Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MGM Document 55-3 Filed 08/09/18 Page 36 of 45 Date: 01/19/13 Time: Arrest#: 13-158-14 Incident #: Reporting Officer: Bode ID# 321
Suspects Name: 1600 Molimity DOB: SSN # Suspect Actions Category Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: * DIO, NOTUSE IT * That TASER OUT Was Use of Force Effective? If NO, please explain: Yes No. Was the subject injured? If YES, please describe the injuries: ☐ Yes [X] No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AM Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser * DID NOT USC *

Baton Impact Munition O.C. Duration: # of Bursts: We subject allowed to decon? Yes 1 Back Supervisor Reviewing Use Comments: THIS TASER WAS PROPERLY USED Supervisors Name (print): LOFTUC STEPHEN T ID#: 1/2/ Signature of Reviewing Supervisor: Lt Stylm & Fortull& Approved Disapproved

Signature of Bureau Commander: Col All Form is to be submitted to the Chicos Office immediately upon completion

Case 3:17-cv-30031-MGM Document 55-5- Field 96 Force Reaport of 45 Date: 12/23/12 Time: 1700 Arrest#: 12-3297-ARIncident #: Reporting Officer: Joniec Jeffrey Suspects Name: River A, Heather **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active ☐ Holds/Locks ☐ O.C. ☐ X26 Drive Stun ☐ Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Small cot left eve, check, hands Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMI Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? ∑ Yes ☐ No ☑ Drive Stun ☐ Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Supervisor Reviewing Use Comments: Supervisors Name (print): AIBWA Signature of Reviewing Supervisor: 27. Approved Disapproved (Print): Signature of Bureau Commander: ______ * This form is to be submitted to the Chief's Office immediately upon completion

FIGHTON TO

Case 3:1 Holy 6031 ING Me Document 55.3. Tiled 08/09/18 Page 38 of 45

Date: 12/19/12 Time: 7360 Reporting Officer: 8,2	Arrest#: 12-3268-AMncident #:
Reporting Officer: B. Boyle Suspects Name: LAFACL SoleA	ID#_321
2864	DOB: SSN #
Suspect Actions Category	Officers Response (Check all that apply)
Resistant Active	Holds/Locks O.C. X26 Drive Stun Other *
Assaultive (Bodily Harm)	Strikes Baton X X26 Taser Other *
Assaultive (Serious Bodily Harm/Death)	Baton Firearm Other *
Describe Weapon of Opportunity Here:	
or House Production	
as Use of Force Effective? If NO, please explain:	
as the subject injured? If YES, please describe the i	
s the subject given medical treatment? If VES wh	to administered the treatment? H.P.D. H.F.D A
is Restraint Chair used? No IV NO 16 Vice	as the subject transported to? HMC BMC
IS X 26 used? X Yes No Drive Co. IV	
Baton Impact Munition O.C. Duration:	☑ Taser # of Bursts: Was subject allowed to decon? ☐ Yes [
	Yes
UN	
\mathcal{M}	X X
	\mathcal{H}
\mathcal{M}	
HI	
1/\/	
月 人	
	26
Front	Back
ervisor Reviewing Use Comments:	
Me Solve was assouthive to his en	contact of office of
was proper and with the eleptontment	enily
Supervisors Name (print):	P. O a m
	Johnson (Middle)
Signature of Reviewing Supervisor: Spproved Disapproved	1 203-10x
(Print): Part DAM	(
Signature of Bureau Commander: (First)	1 1 Atiddle)
* This form is to be submitted to the	1341UUT # 085
in join is to be submitted to the Chi	ef's Office immediately upon completion

Case 3:1 Holyodsa Rodice Departm55ra- Elect 08109/18 Report of 45 Date: 12/12/12 Time: 9:00 pn Arrest#: 3209-AR Incident #: Reporting Officer: Eniteria 334 ID# 334 Suspects Name: LONG, JOSHVA DOB: SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton 26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: XYes No Was the subject injured? If YES, please describe the injuries: DYYes [No Small purcture Du to TASER Prong. Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMI Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun X Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N A used Taser IN Liceker Ten # Front Supervisor Reviewing Use Comments: Force Policy, And Appropriate. Supervisors Name (print): AIBERT JAMES M, ID#: 240 Signature of Reviewing Supervisor: Approved Disapproved ID#: **633** 235 Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:1 Holyodsa Rodice Departm55n3 - Elect 08/198/18 Repo 40 of 45 Date: 11/12 Time: 11:5021 Arrest#: 12-3029-AR Incident #:_ Reporting Officer: DANGE 95coby Suspects Name: Anthon DOB: **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. XX26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Firearm Other * * Describe Weapon of Opportunity Here: Verbal Commands to use Tousexx26, verball commands nere effectives Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMI What hospital, if any, was the subject transported to? HMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Back Supervisor Reviewing Use Comments: Supervisors Name (print): Signature of Reviewing Supervisor: Approved Disapproved Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:1 Holyolsa Reline Department- Hardon 100112 Regert of 45 Date: 10 / 30/ 17 Time: _ 1(230 Arrest#: 12-2869-11/2 Incident #: Reporting Officer: Foyle #321 Suspects Name: FALLY HARRING TON DOB: **Suspect Actions Category** Officers Response (Check all that apply) X Resistant Active] Holds/Locks [] O.C. [A X26 Drive Stun [] Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: _ X Yes No Was the subject injured? If YES, please describe the injuries: Yes X No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMI Yes No What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? X Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Supervisor Reviewing Use Comments: Supervisors Name (print): 41 ME ID#: Signature of Reviewing Supervisor: Approved Disapproved (Print): ID#: Signature of Bureau Commander:

* This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MGMe Demarks 19515- Heel 06/109138 Report 2 of 45 Date: 10/28/12 Time: 2159 Arrest#: 12-2859-AR Incident #:_ Reporting Officer: Emiteria, Jaseph M. ID# 334 Suspects Name: ARBUZOV Peter Y. DOB: 1 **Suspect Actions Category** Officers Response (Check all that apply) M Resistant Active Holds/Locks O.C. X26 Drive Stun Other * XOL Placed on SHOULDER / NOT Used Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: NOT used BUT I PLACED X46 TAKEN OF Yes No Syspects SHarder And Statul to Him to stop resisting of the Was the subject injured? If YES, please describe the injuries: Loud Be + Ased. He conflict. Yes MNo Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMI Yes [XNo What hospital, if any, was the subject transported to? Was Restraint Chair used? Yes NO If YES, why? HMC Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Supervisor Reviewing Use Comments: use of x26 was justified and proper Supervisors Name (print): Kertin Thomas Hevin Signature of Reviewing Supervisor: Approved Disapproved Signature of Bureau Commander: * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-CO-30059 Redine Department - Heel of 8100112 Report 3 of 45 Date: 10/20/12 Time: Arrest#: 12-2805 Incident #:_ Reporting Officer: R. Goudresu Suspects Name: Rivera, Adelson ID#_202 DOB: ? SSN# **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: Yes No Was the subject given medical treatment? If YES, who administered the treatment? [] H.P.D. [] H.F.D [] AMI What hospital, if any, was the subject transported to? HMC BMC Yes No Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? ▼ Yes No Drive Stun Taser Baton ☐ Impact Munition ☐ O.C. Duration: # of Bursts: Was subject allowed to decon? ☐ Yes ☐ N Front Supervisor Reviewing Use Comments: Supervisors Name (print): /home Signature of Reviewing Supervisor: Mapproved Disapproved Signature of Bureau Commander: Capt 43 * This form is to be submitted to the Chief's Office immediately upon completion

Case 3:1 Hel-180631 Rocine Docpandion 55:18- Wiedo 18709/28 REAGE: 44 of 45 Date: 9 /28/12 Time: 2130 Arrest#: 12-2645-AR Incident #:_ Reporting Officer: MAtt WELCH ID# 307 Suspects Name: ADAM TORRES ____ SSN # : **Suspect Actions Category** Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: At First, suspect Kept resisting once he became compliant the are of force was inded Was the subject injured? If YES, please describe the injuries: ABRUSIONS on CAKE, Was the subject given medical treatment? If YES, who administered the treatment? []H.P.D. [] H.F.D [] AMF Yes What hospital, if any, was the subject transported to? HMC BMC Was Restraint Chair used? Yes NO If YES, why? Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Supervisor Reviewing Use Comments: officer helch used his xab raser Drive Stone Kea a suspect being placed under arrest ONSCENE, IN ACCORDING WI Rules & Ress Supervisors Name (print): _____ Corrected Laurenga ID#: 267 Signature of Reviewing Supervisor: Approved Disapproved

* This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-19-1300/sq-Produce Depractn 155-13- Elect 08/198/18 Reports of 45 Date: 9/7/2 Time: 18/5 Arrest#: 12-2449 Incident #: Reporting Officer: ANDREW DINAPOLI ID#_29/ Suspects Name: Marcus Daniels SSN# Suspect Actions Category Officers Response (Check all that apply) Resistant Active Holds/Locks O.C. X26 Drive Stun Other * Assaultive (Bodily Harm) Strikes Baton X26 Taser Other * Assaultive (Serious Bodily Harm/Death) Baton Firearm Other * * Describe Weapon of Opportunity Here: Was Use of Force Effective? If NO, please explain: Yes No Was the subject injured? If YES, please describe the injuries: ☐ Yes 🗆 No Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMI ☐ Ýes 🌅 No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC Was Restraint Chair used? Yes No. If YES, why? Subject Not Cooperative Threats of suice Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N Front. Supervisor Reviewing Use Comments: own with water m aniels evertually cremed Supervisors Name (print): Thomas Kevin Michael ID#: 223 Signature of Reviewing Supervisor: Approved Disapproved (Print): Po Signature of Bureau Commander: Cant St.

* This form is to be submitted to the Chief's Office immediately upon completion